

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street) ▼

601 Pennsylvania Avenue, NW

South Building, Suite 500

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106740

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
12 01 2011

through

M M M / D D D / Y Y Y Y Y Y
12 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charles W. Stellar

Signature of Treasurer

Charles W. Stellar

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 27 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
12 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		100661.07
(b) Cash on Hand at Beginning of Reporting Period.....	38892.67	
(c) Total Receipts (from Line 19)	20168.00	207418.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	59060.67	308079.46
7. Total Disbursements (from Line 31)	10210.98	259229.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48849.69	48849.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2011			

To:

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2011			

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10121.16

130587.04

(ii) Unitemized

46.84

9331.35

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

10168.00

139918.39

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

10000.00

67500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

20168.00

207418.39

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

20168.00

207418.39

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

20168.00

207418.39

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	210.98	1479.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	210.98	1479.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	2500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	253000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	2250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10210.98	259229.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10210.98	259229.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20168.00	207418.39
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20168.00	207418.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	210.98	1479.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	210.98	1479.77

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Robert Price Atkinson
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

 City State Zip Code
 Washington DC 20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Press Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.25

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 15 2011

Transaction ID : 2011121417170-1

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Robert Price Atkinson
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

 City State Zip Code
 Washington DC 20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Press Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.25

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 30 2011

Transaction ID : 20120109121916-1

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

C. Carmella Bocchino
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

 City State Zip Code
 Washington DC 20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 15 2011

Transaction ID : 2011121417170-2

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.83

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-2

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-3

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-3

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

291.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 2011121417170-5

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

B. Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 20120109121916-4

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

C. Rebecca Cole

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Public Affairs Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

677.06

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 2011121417170-7

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)..... ►

239.59

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Rebecca Cole

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Public Affairs Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

677.06

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-6

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Kirstin Dawson

Mailing Address 602 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Research Associate, Clinical Po

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-9

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

C. Kirstin Dawson

Mailing Address 602 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Research Associate, Clinical Po

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-8

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

52.09

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-10

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

B. Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-9

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

C. Randolph Desonia

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director, Medicaid Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-11

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Randolph Desonia
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director, Medicaid Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : 20120109121916-10

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Katie Dunning
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : 2011121417170-12

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Katie Dunning
 Mailing Address 601 Pennsylvania Avenue N.W.
 Suite 500, South Building

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : 20120109121916-11

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional).....▶

93.34

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Daniel Durham

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

EVP, Policy and Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3541.61

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-13

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Daniel Durham

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

EVP, Policy and Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3541.61

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-12

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Paul Eiting

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-14

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

447.91

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Paul Eiting

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-13

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Candy Gallaher

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, State Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.39

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-15

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Candy Gallaher

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, State Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.39

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-14

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

114.59

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-16

Amount of Each Receipt this Period

27.08

Full Name (Last, First, Middle Initial)

B. Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-15

Amount of Each Receipt this Period

27.08

Full Name (Last, First, Middle Initial)

C. Jake Glover

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director of Health and Wellness Initia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.57

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-17

Amount of Each Receipt this Period

15.21

SUBTOTAL of Receipts This Page (optional)..... ►

69.37

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jake Glover

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director of Health and Wellness Initia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.57

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-16

Amount of Each Receipt this Period

15.21

Full Name (Last, First, Middle Initial)

B. Wendy Henson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-18

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Wendy Henson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-17

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.21

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Joni Hong

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 2011121417170-19

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Joni Hong

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 20120109121916-18

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

C. Burt Hudson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Client Learning Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.39

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 2011121417170-20

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

104.17

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Burt Hudson

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Client Learning Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.39

Date of Receipt

M M / D D / Y Y Y Y Y
12 30 2011

Transaction ID : 20120109121916-19

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Karen Ignagni

Mailing Address 601 Pennsylvania Ave NW
S Building, Suite 500

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 07 2011

Transaction ID : 54335888FC3DF43EA92

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 15 2011

Transaction ID : 2011121417170-21

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5083.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 20120109121916-20

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Svp, Center for Health Policy & Resear

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 2011121417170-22

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Svp, Center for Health Policy & Resear

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 20120109121916-21

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

291.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 2011121417170-23

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

B. Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 20120109121916-22

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

C. Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 2011121417170-24

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

229.17

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-23

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Amber Manko

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Administrative Assistant, Federal Affa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.57

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-25

Amount of Each Receipt this Period

15.21

Full Name (Last, First, Middle Initial)

C. Amber Manko

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Administrative Assistant, Federal Affa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.57

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-24

Amount of Each Receipt this Period

15.21

SUBTOTAL of Receipts This Page (optional)..... ►

51.25

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-26

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-25

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Anthony Meoni

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-28

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)..... ►

50.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Anthony Meoni

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 30 2011

Transaction ID : 20120109121916-27

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

B. Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 15 2011

Transaction ID : 2011121417170-29

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 30 2011

Transaction ID : 20120109121916-28

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Joseph Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-31

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

B. Joseph Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-30

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

C. Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-32

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Associate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-31

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Lisa Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Meeting Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-33

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

C. Lisa Miller

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Deputy Director, Meeting Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-32

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)..... ►

62.51

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Martin Mitchell Jr.

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-34

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Martin Mitchell Jr.

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-33

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Teresa Mulligan

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.92

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-6

Amount of Each Receipt this Period

14.58

SUBTOTAL of Receipts This Page (optional)..... ►

56.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Teresa Mulligan

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 20120109121916-5

Amount of Each Receipt this Period

14.58

Full Name (Last, First, Middle Initial)

B. Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 2011121417170-35

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

C. Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President Product Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 20120109121916-34

Amount of Each Receipt this Period

104.17

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

222.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3131.28

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 2011121417170-36

Amount of Each Receipt this Period

130.47

Full Name (Last, First, Middle Initial)

B. Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3131.28

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 20120109121916-35

Amount of Each Receipt this Period

130.47

Full Name (Last, First, Middle Initial)

C. Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 2011121417170-37

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

344.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 20120109121916-36

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Mark Pratt

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

SVP, State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2833.39

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 2011121417170-38

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Mark Pratt

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

SVP, State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2833.39

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 20120109121916-37

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

416.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 29 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Vice President, Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-40

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Vice President, Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-39

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance Plans

Occupation
Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-41

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

83.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-40

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-42

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

c. Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-41

Amount of Each Receipt this Period

104.17

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Aaron Tucker

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Legislative & Regulatory Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-43

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

B. Aaron Tucker

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Senior Legislative & Regulatory Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-42

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

C. Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-44

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

229.17

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 20120109121916-43

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Kathleen Turner

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Web Media Production Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 20120109121916-44

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

C. Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 2011121417170-46

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

304.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-45

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Press Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

12 / 15 / 2011

Transaction ID : 2011121417170-47

Amount of Each Receipt this Period

104.17

Full Name (Last, First, Middle Initial)

C. Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.
Suite 500, South Building

City Washington State DC Zip Code 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

America's Health Insurance Plans

Occupation

Press Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.08

Date of Receipt

12 / 30 / 2011

Transaction ID : 20120109121916-47

Amount of Each Receipt this Period

104.17

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

291.67

10121.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Aflac Pac

Mailing Address Worldwide Headquarters
1932 Wynnton Road

City State Zip Code
Columbus GA 31999

FEC ID number of contributing
federal political committee.

C C00034157

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2011

Transaction ID : E9FC060F6200C97D824

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. American Enterprise Mutual Holding Company Pac

Mailing Address 601 6th Avenue

City State Zip Code
Des Moines IA 50334

FEC ID number of contributing
federal political committee.

C C00367524

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 3F7F658E7D47922A757

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 37

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 53853

City State Zip Code
Phoenix AZ 85072
Purpose of Disbursement
Amex Fee

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 19 2011
Transaction ID : V50363BECD22904C8A99

Amount of Each Disbursement this Period

147.50

Full Name (Last, First, Middle Initial)

B. CitibankMailing Address 1101 Pennsylvania Ave, NW
11th Floor
City State Zip Code
Washington DC 20004
Purpose of Disbursement
Merchant Service Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 01 2011
Transaction ID : BA205338D1B6B269639

Amount of Each Disbursement this Period

31.74

Full Name (Last, First, Middle Initial)

C. CitibankMailing Address 1101 Pennsylvania Ave, NW
11th Floor
City State Zip Code
Washington DC 20004
Purpose of Disbursement
Merchant Service Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 12 2011
Transaction ID : 38233CFBB992A1A8100

Amount of Each Disbursement this Period

31.74

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

210.98

210.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Allyson Schwartz for Congress

Mailing Address PO Box 2232

City	State	Zip Code
Jenkintown	PA	19046

Purpose of Disbursement
2012 Primary

011

Candidate Name

Allyson Y. SchwartzCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2011

Transaction ID : 544B5E61906B586FDC5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Chuck Fleischmann for Congress Committee, Inc.

Mailing Address PO Box 11091

City	State	Zip Code
Chattanooga	TN	37401

Purpose of Disbursement
2012 Primary

011

Candidate Name

Charles J. FleischmannCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2011

Transaction ID : C73071DFAB3D828ACCB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Every Republican Is Crucial (ERICPAC)Mailing Address 25 E Main Street
Suite 200

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement
2011 Contribution

011

Candidate Name

Every Republican Is Crucial (ERICPAC)Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2011

Transaction ID : 6CDC47339574E0F8AE7

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Friends of John Barrasso

Mailing Address PO Box 52008

City	State	Zip Code
Casper	WY	82605

Purpose of Disbursement
2012 Primary

011

Candidate Name

John Anthony BarrassoCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2011

Transaction ID : E68945ACBA6CA6E803A

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Latham for Congress

Mailing Address PO Box 8237

City	State	Zip Code
Des Moines	IA	50301

Purpose of Disbursement
2012 Primary

011

Candidate Name

Thomas LathamCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2011

Transaction ID : DC6EF4C64368A486305

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. People for Enterprise Trade and Economic Growth (PETE PAC)

Mailing Address 7804 Evening Lane

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
2011 Contribution

011

Candidate Name

People for Enterprise Trade and Economic Growth (PETE PAC)Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2011

Transaction ID : FD0AE1A962273F079B8

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

10000.00
